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An
Inaugural Dissertation

On

Dysentery

For

The degree of Doctor of Medicine

In the

University of Pennsylvania

By

Nicholas H. B. Stith

of Halifax

North Carolina

January 25th 1829

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St Landon Clanton M.D.
of Halifax North Carolina

Dear Sir

As my earliest instructor in the Science
of Medicine, permit me to place your name, at the
head of the Dedication, which I have taken the liberty
to make of this inaugural Essay, and to subscribe
myself truly and affectionately

Your Obedient friend

J. L. Clifton

Philadelphia
January 18th 1829-

To Philip Long M.D. Hygie M.D. Thomas & James M.D.
Nathaniel Chapman M.D. John Widman Jure M.D.
Robert Ware M.D. William Gibson M.D. —
Wm. B. Sturges M.D. Wm. C. Morner M.D. and
Samuel M. Jackson M.D.

Gentlemen

Permit myself of this, perhaps, the last time, that
an opportunity will be afforded me, of tendering you,

in the first place, the
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individually, my deep sense of the many and various
advantages, which I have derived at your hands—
I pray you to believe, that apart from professional
advantages, I can never cease to retain, a lasting
impression of your insvariable kind demeanour and
polite attention— I would say more, but I know you
fully appreciate, the emphatic remark, "the eloquence
of gratitude is silence"—

Philadelphia

January 18th 1829—

A. L. C. 1829

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Dysentery

In commencing an inaugural Dissertation, I am forcibly impressed with the importance of the emphatic remark, which fell so frequently from the lips of that distinguished Teacher, the late Peter Rush-
namely, Truth is a Unit—In accordance with my design, I shall then also, to adopt the hardly less forcible language of a distinguished living Statesman and to declare "Truth is my object" — and whosoever the private way, I do not fear to follow —

This preliminary remark, is all that is deemed necessary, before entering on the immediate investigation of the subject proposed to be discussed —

Cullen defines Dysentery to be a contagious fever, in which the patient has mucus or bloody discharges, with much griping and tenesmus, the faeces for the most part being retained. Except the fact of its being contagious, the definition would not require amendment — Dysentery comes on with chills, alternating with flashes of heat,

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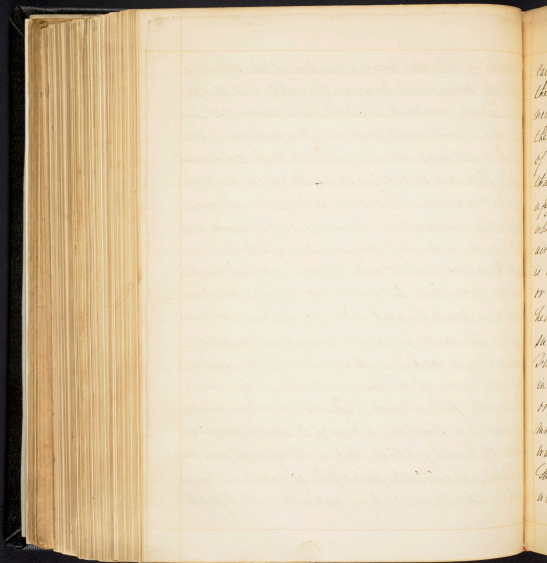
frequent pulse, together with tormina and tenesmus.
 In some cases, however, the local affection precedes, in
 others, the disease is preceded by loss of appetite, con-
 stipation, nausea and vomiting: then comes on *Brillatua*.
 As the disease advances, the evacuations become more
 frequent and painful. Protrusion An often happens.
 The matter voided by stool is various, being sometimes
 mostly mucus, without blood, and called by *Doctor*
Roderer the "*Morbus Mucosus*"—and by others the
 "*Dysenteria alba*".—The mucous discharges
 are generally tinged with blood; upon some occa-
 sions a pure and unmixed blood is voided in
 considerable quantity. We sometimes find in the stool,
 coagulated lumps, like pieces, of cheese, or impacted
 mucus, or coagulated blood. In other instances the mat-
 ter voided is variously changed in colour and consistence.
 We seldom perceive in the stools, natural faeces, and
 when they do appear, it is in the form of *Styfolia*
 or somewhat hardened and separate balls. Whether
 then be voided by the efforts of nature or

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Induced by art, they present a number of the symptoms, especially, *tertiana* and *typhus*. Connected with the symptoms already mentioned, is *Fever*, which winces itself by the heat, thirst, restlessness and furred tongue, the pulse is not very active or full, but tense, corded and hard. This may be considered as the height or crisis of the complaint. The fever is irregular, appearing either the *Intermittent*, *Remittent* or *Continued* form. It may be either *Inflammatory* or *Typhoid*—

The Causes are *Miasm*, sudden vicissitudes of weather from heat to cold or vice versa. *Gaseous* fruits, a vegetable diet alone, or *Animal*, or *Salid* food. The most prevalent predisposing cause of dysentery, is a high temperature of atmosphere, the influence of which as a cause of the disease is severely felt in warm climates. A certain degree of heat is a stimulant, necessary to the due performance of healthy action, but a strong heat, constantly applied, exhausts the principle of excitability, of which is the basis of life, and a morbid disposition

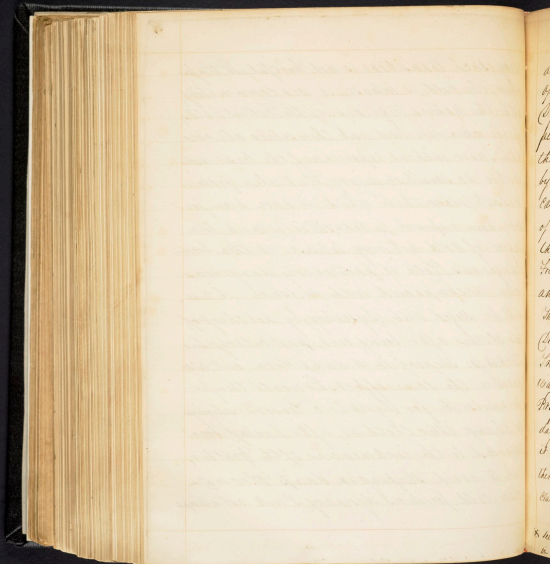


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called by Doctor Sydenham, indirect debility, is
the consequence. An exciting cause, is now only
necessary, to the production of the disease. Of these,
the most frequent, is cold. It is not the degree
of cold, so much as the mode of its application,
that produces this complaint. It is, the partial
application of cold, while the body is at rest,
which always proves dangerous. If a current of
air blow on a man during the night, while he
is covered only, with his usual wearing apparel,
or if even, with the best accommodations, his
head or arms are uncovered, and exposed to
such current, he seldom escapes some ailment.
He may be seized, either with Rheumatism,
in the vicinity of the parts thus exposed,
or with Cephalalgia, Catarrh, perhaps Infla-
mmation of his Lungs or Sympetry, either of
which I conceive to be dependant on precipitation.
Sudden transitions from heat to cold, is also a
well known cause of many diseases. Yet

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every such transition is not harmful. In Russia
where the cold is intense, it is a common thing
with the natives, to go out of the hottest baths
in the open air, and put themselves all over
with snow, without experiencing the least indis-
position or smallest injury. But when from a
moderate warmth to which we have been for
some time exposed, a transition is made to a
degree of cold not very intense, it then becomes
dangerous. Cold is particularly dangerous
when accompanied with moisture. A man
will be seized with Dysentery, by not changing
his clothes after being wet, particularly his
stockings. Sleeping in a damp Room, will also
produce the same effect. It would therefore
be advisable for Dysenteric Persons always
to change their clothing, after having been
exposed to the inclemencies of the weather,
and to avoid sleeping in damp Rooms.
Now cold produces Dysentery I will not attempt

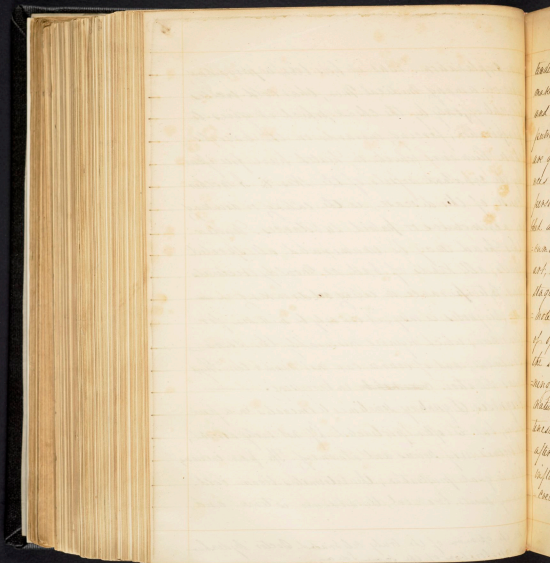


an explanation. But it has been a prevailing opinion among Medical Men, that cold excites Dysentery, only by the check, which it gives to perspiration, forcing inwards on the vessels those Humours which in Health have free issue by the exhalant vessels of the Skin. Another Cause of this disease, is the eating or drinking of a crimonious or putrid substance. Under this head may be enumerated all spoiled Fruits, all kinds of bad or mouldy victuals and Intemperance in eating and drinking.

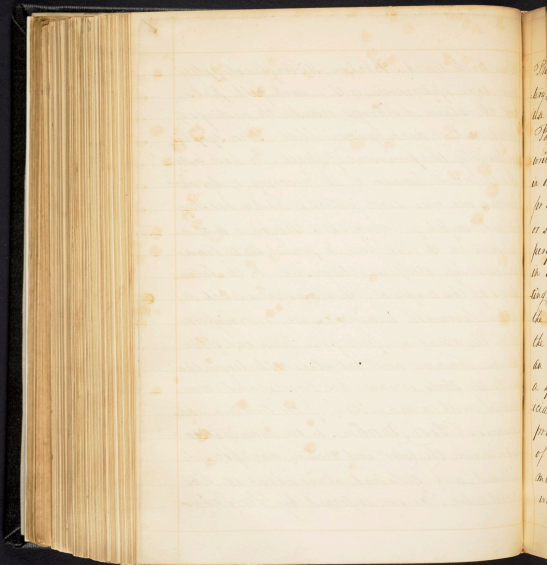
The Diagnosis is easy, it can only be mistaken for Trachitis, which requires manifestly the same Treatment, and of course can not render the Hystric situation ~~any~~ embarrassing.

Prognosis. Dysentery sometimes terminates in a few days, but is often protracted. If not early arrested, it becomes very serious and alarming. The pain increases, there is great prostration, the extremities become cold, clammy sweats break out, the abdomen is tense and

* See the opinion of the truly celebrated Doctor Sydenham in corroboration of the same Idea.

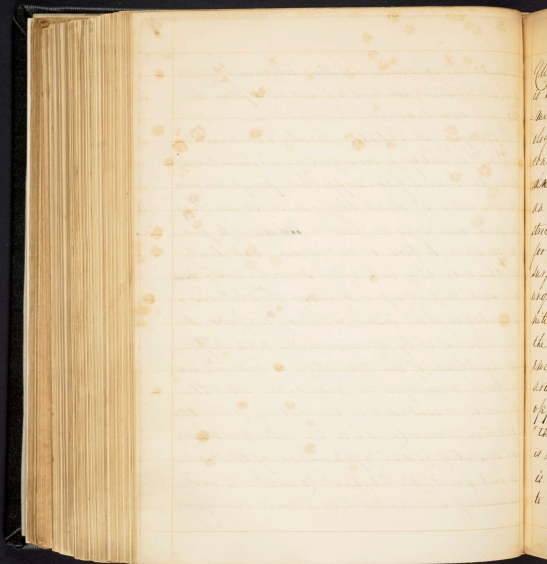


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tender to the touch. Fibriæ, Mucosa and Aphthae
make their appearance, with a small pale palse,
and the alvine discharge, resembles the washings of
putrid meat or dark granular blood. These symptoms
are generally the precursors of Death. We have instan-
ces on record, however, of the recovery of dysenteric
persons, even when large portions of Mucosa has slough-
ed, and escaped per anum. It is therefore a duty in-
cumbant on the Physician, to persist in the medical
art, until life itself is extinguished. In the latter
stages of this complaint, the circumstances, which de-
note a favourable termination are, a remission
of the attendant fever, pulse fuller and softer,
the skin becoming moist and relaxed, the tongue cha-
rned, the stools becoming less frequent and more
natural, with a diminution of the tormina and
tenesmus. Post Mortem. In the examination
after death; the Colon and Rectum are found
inflamed, with spots and ulcers about the Pro-
ximal Sæce. We are informed by Sir John



Struggle, that on opening a patient, who died of Dysentery, the intestines, were mortified, and the Spleen to use his own language "Corrupted" —

Pathology. By Sydenham, Mosely and many other writers, dysentery is considered as a "toes turned in on the Bowels, from suppressed perspirations for the relief of which, they advise sudorifics or such medicines as have a ~~tendency~~ tendency, to produce perspiration, to turn it out again; and truly in this way they will often succeed; for by exciting and keeping up a constant Diaphoresis, the determination instead of being confined to the Bowels, is by reason invited to the surface, an equilibrium of the circulation is restored, and a speedy recovery is the result. By other Physicians it is contended on the contrary, that the proximate cause (which is the ipse morbus) of dysentery is an "Inflammation of the mucous membrane of the Rectal Canal" — This Idea was long ago combated in a work on Tropical



Quoted by Doctor Schenck, and his opinion
 is supported, by Doctor Armstrong in his ad-
 mirable work on Typhus Fever. "The path-
 ological view (says Dr Armstrong) makes the
 concomitant inflammation, rather a symptom or
 an effect of the general excitement, than
 an original cause of the Dysentery, and a
 strict survey of facts, will verify the opinion,
 for in the first stage of oppression, when the
 surface is cool, so far from there being any
 unquestionable sign of inflammation, a diminu-
 tion of arterial tone exists every where, and
 the substantial evidences of inflammation, only
 emerge, with the excitement of the Heart and
 arteries, which succeeds the first stage of
 oppression" — It is declared by Dr Schenck
 "that in Dysentery as in Fever, inflammation
 is not the original cause, but accidentally
 is the principal effect, which we are
 to dread and endeavour to obviate —

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After a long attention to Dysentery, as it affected great numbers under my care, and also as it affected myself in person, I can confidently assert, that two functions, appeared to be constantly disordered, from the beginning, and which either soon produced or were accompanied by other derangements. These were the functions of the Skin and Liver or Perspiration and Biliary secretion. Partial sweats are sometimes seen on the surface, and occasionally an admixture of Bile in the Stools, but these are transitory and morbid; for otherwise, the regular perspiration is suppressed and the healthy secretion of Bile stopped. — These are the two first links of that morbid chain, which connects the Remote cause, with the ostensible form of the disease, and if this chain be severed, by an early restoration of the two functions in question, the disease will be checked. — The next link in the chain of Dysenteric

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phenomena is the disturbance in the balance
of excitability and of the circulation. A torpor
appears to seize the sensory vessels of the Liver,
from sympathy with ~~the~~ those of the Stomach,
in consequence of which, a venous plethora
prevails, throughout the whole of the Portal
Circle, and the mucous membrane of the Intestine
and dysenteric symptoms are then unequivocally
developed. We may now plainly perceive,
How all those consequences, which have pa-
sed so often for causes, can arise. If the
plethora be great, blood itself will be poured
from the mouths of the mesenteric vessels,
hence inflammation and even ulcerations
may ensue. If any hardened faeces lurk in
the cells of the colon, they will be grasped
by the irritable circular fibres of the Plicae
and rings and strictures, will augment the
torment and tenderness of the Bowels —

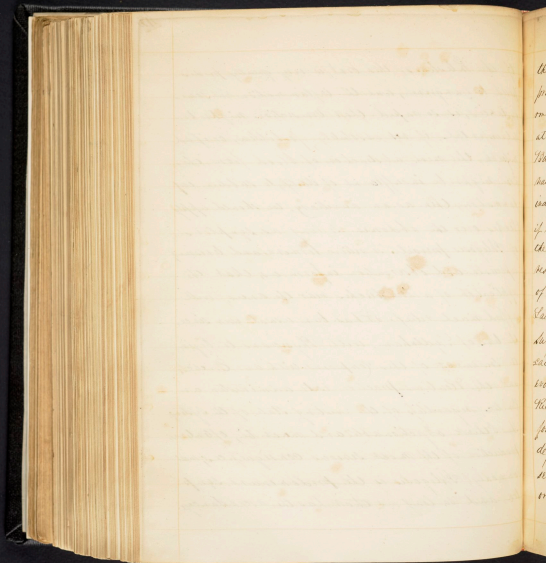
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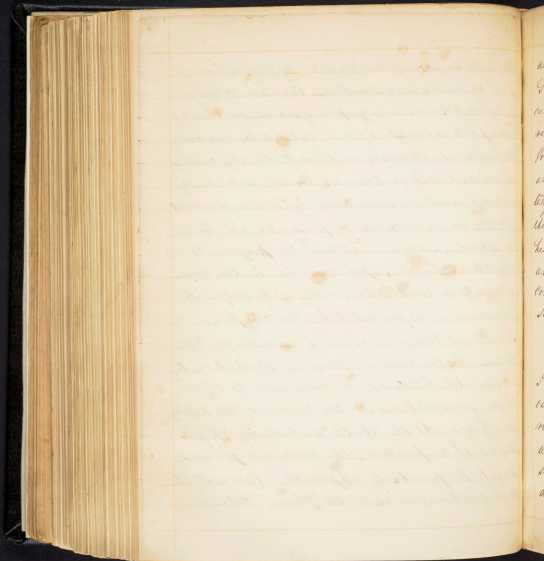
Treatment. The Indications of cure in this disease, consists of two, namely—
 First to subdue Inflammatory action, and
 Secondly to restore the healthy action of the Intestines.
 As a means of arresting inflammation, removing violent spasm and constriction, and awakening susceptibility to remedial impinging
 Venesection is preeminent, and should precede generally, all other remedial agents, in the acute form of this disease—and to obtain its salutary effects, the detractions of Blood from the arm should ^{be} large; unless the depletion be great, say $\times \times 3$, we trifle with this entrusted to our care. By copious Blood ~~letting~~ ^{letting} we remove the constriction of the Intestines, produce relaxation and moisture of the skin, and perhaps do away the necessity of a gain recurring to Venesection. At the commencement of an attack of Dysentery, the Phlogosis is generally located, in the mucous surface of the

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of the Intestines; this coat, is very greatly predisposed to Gangrene, and the inflammation in some instances, is so rapid that Venesection might be detrimental, if not absolutely, forbidden, or if admissible, the mere abstraction of blood from the arm, might be insufficient of itself, to subdue inflammation, then as an auxiliary, we should apply Leeches over the abdomen, so long as symptoms of Phlogosis prevail. It is likewise, and likewise experience and observation inform us, that the application of a few Leeches, near the anus, will afford much relief. It has been usual ever since the time of Sydenham, with Physicians to begin the treatment of this complaint with an Emetic; and the Routine practice, is to administer an Emetic, regardless of the existing state of the system. This I think objectionable and must be, oftentimes, productive of the most serious consequences; most commonly, Phlogosis is the predominant symptom, and so long as that has the ascendancy,



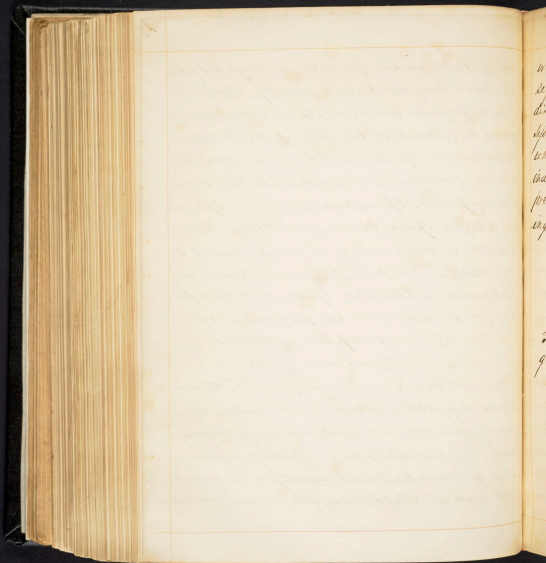
the administering of an Emetic, might not, only, prove injurious, but sometimes, increase to an alarming extent, those symptoms, which we should attempt to alleviate, if not entirely to remove. But when the Stomach is loaded, thereby creating nausea and distress, then an Emetic is certainly indicated, and its immediate exhibition demanded, if little or no Phlogosis be present. To fulfil the second indication, it may be proper to resort to an Emetic. *Spicaeantha* in the dose of ʒss to ʒi, in combination with sixty drops of *Saudanum* is represented by Mr Haygarth, a Surgeon at Wexford, as being exceedingly efficacious. In the violent forms of Dyspepsia, to evacuate the Intestines, we may give ʒi *Chamæpici* several times, in the course of the twenty-four hours. At the Bath, and during high degrees of temperature, the mercurial purges, seem to be, peculiarly applicable: Calomel alone or in combination with the *Rhus Palmatum*



and if tardy in its operation, succeeded by the Sulphas Magnesia, will gradually obtain. In cases of hepatic derangements, we should always resort to Calomel or the Blue pill. To relieve Irritation an opiate must be given; various are the formulae for Anodynes, in this tormenting complaint. Opium alone or Tinctura Opii and the dulcified Spts of Nitro &c. But I have little hesitation in commending, as far preferable to any thing of the kind, I have ever tried, a combination of the Gum Opium and Camphor, say for an adult in the proportion of

℞ Camphor ij ℥ss grs
Gum Opium $\frac{1}{2}$ — $\frac{1}{2}$ —

I know not how it is, but when ^{the} ~~the~~ ^{bowels} ~~bowels~~, or the Anodynes suggested, and others have failed, this remedy acts like a charm, removing tormina and other uneasiness, and affording refreshing sleep, in accompaniment, usually, with general and moderate Diaphoresis. All who are conversant



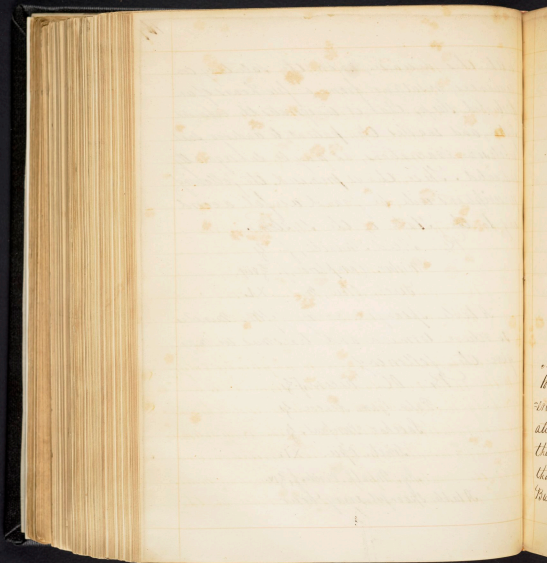
with this disease, know the salutary consequences, resulting from a few hours of an disturbed sleep; that it invigorates the exhausted system, and enables the patient, to undergo such wholesome evacuations, as may be subsequently indicated. These things premised the following prescriptions will be found useful according to the state of the system.

R. Acid. Nitricæ, f. ℥j
 Mistr. Camphoræ, f. ℥viij
 Tinct. Opii, m. XL

A table spoonful every fifteen minutes
 To relieve tormina and trismus, we may
 give the following

R. Ol. Ricini, f. ℥j
 Pulv. Gum. Acacæ, ℥j
 Sacchar. Purificat. ℥j
 Tinct. Opii. XL
 Ag. Menth. Viridis, f. ℥iv.

A table spoonful every hour



R Magnes. Sulphat. ʒss.
 Acid. Acetic, f. ʒss.

A table spoonful every fifteen minutes

R Pilul. Opii —

R Magnes. Sulphat ʒss.
 Tinct. Opii, m. L.

Aq. Mentaa. f. ʒiv

A table spoonful every fifteen minutes

Enemata

R Fresh melted Butter 1 Pint

R Cold water — 1 Pint.

All that has been said, is applicable only, to the early or Inflammatory stage. It is asserted by Richter, that Dysentery is a Rheumatic or Catarrhal affection of the large Intestine, that inflammation arises from Irritation and that the Treatment, proper, is the sweating mode. But he, who confides alone on Diaphoretics, in the

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case of this disease, will find his path traced, only
by the mortality, which such a practice will occasion.
Broussay on the contrary contends "that the disease
is dependant on simple phlogosis of the Large
Intestine, and to be treated by Emulsion and other
auxiliaries, and avoiding Purgatives. Was each the-
sis and mode of practice, are in themselves hurt-
ful, and exert on the minds of Young Men a
most pernicious tendency. Credulity is truly charac-
teristic of all men, but more especially Young
Men, who instead of searching after Truth and
being governed by its mandates, will adhere most
firmly to Theories, carrying with them some plau-
sibility, no matter how incorrect, how improper,
or how injurious in their consequences. Practical
and not theoretical information should be the
study of all professional men, who are in pursuit
of Clinical medicine or knowledge. From all
the information that I can collect from various
authors on this subject; I perceive that the

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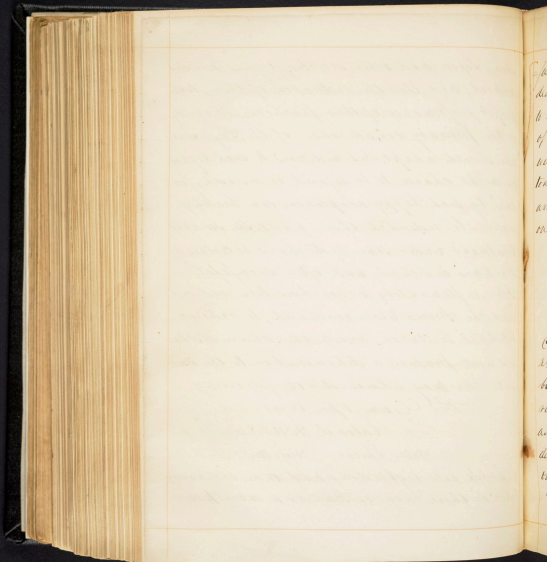
Skin, Liver, and other secretory organs are dis-
 -ordered; and that the restoration of them, to the
 proper performance of their functions, should
 be the primary consideration of the Physician,
 who should adapt his medicines to such organs
 as might chance to be injured or diseased, for
 only, by such happy adaptation, can healthy
 action be restored to those parts. The sweating
 treatment under some restrictions is certainly
 sometimes indicated and often successful—
 After inflammatory action has been reduced
 and the *Prima Viæ* evacuated, to relieve
 Intestinal Irritation, excite the alvine discharges
 and produce a determination to the sur-
 face. We may administer the following

R^x Cam ʒij 14 grs

Calomel ℥vi—

Pulv. Spicac viij ℥m.

Divide into eight doses and take one every
 two or three hours. But as a more power



-ful Staphonite, the Coler's Powder is recommended, which acts independantly of the general action to exert a kind of specific efficacy, for the alleviation of tormina and tenesmus, this may be prescribed with the greatest advantage. And when these symptoms exist with bloody discharges, perhaps we could avail ourselves of few auxiliaries more advantageous than the succeeding.

R Gum Elemi ʒ grs

Pulv. Spicaeantha ʒv.

Usta ppp. XXIV

Loaf Sugar ʒi - m

Divide into eight powders: ~~one~~ of which to be exhibited once in two hours, until the griping and bloody discharges cease. A Cap of some lipid & pink may be occasionally administered, so as not by over distension of the Stomach, to produce unpleasant nausea and disturb. The Antispasmodics, are highly spoken of by Sir George Baker, Sir John Pringle and many of the Eastern

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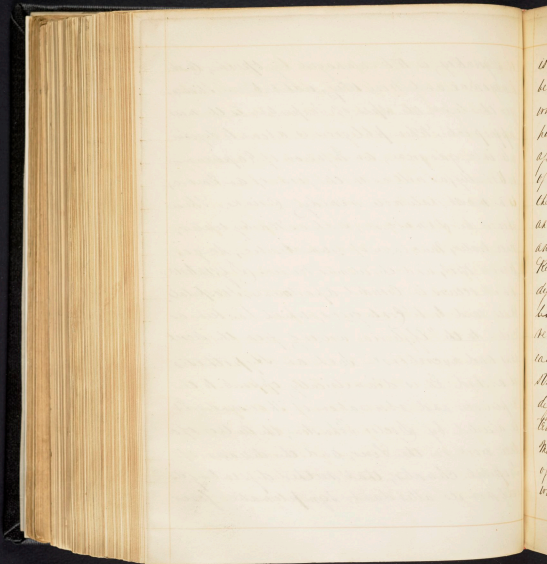
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Physicians in this stage of the disease they contend that the Antimony tartarization, in its effects, is more certain and of longer duration, than the Callicocca Specacuantha, but the preference is given to the latter by Professor St. Chapman, than when, no higher authority is requisite. To assist the aforementioned remedies, we should apply warm fomentations to the Stomach and abdomen; then induce phlogosis, and consequently active spasm. The general use of the warm Bath has also been recommended, especially in cases of children. The Vapor Bath, possessing the same salutary tendencies, may be resorted to. Having abstracted blood generally and topically, evacuated the Intestinal Canal, and the disease continue unchecked, we shall experience the happiest effects, from the application of a Blister, large enough to involve a principal portion of the abdomen. The sinking stage

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of Dysentery, is to be managed by Opium, Cast
 Ammonias, and Wine whey, with external Stimulants
 for this last, the Spts of Turpentine is the most
 appropriate. When phlogosis is about to degener-
 ate into gangrene, an Infusion of Capsicum
 internally, as well as in the form of an Enema,
 is a most valuable remedy. Drinks. There
 should be Emollients, such as Marshy water,
 Rice water, Mucilage of Gum Arabic, Sage,
 Arrow Root, and the Helmus Water. Dysentery
 as it occurs in Crowded apartments, Hospitals,
 &c. is said to be Contagious, which has been as-
 cribed to the "Effluvia arising from the deor-
 tions and excretions" - Such an Hypothesis
 is absurd. It is diametrically opposite to the
 experience and observation of thousands. It
 is asserted by Doctor Richardson, the author of a
 late work on the Liver, and the diseases of
 Tropical Climates, that neither dysentery is
 self nor its attendant, symptomatic fever



is contagious. It is probable, if this disease
be of a contagious nature, that Dr. Schenck,
who introduced it on so large a scale, must
have seen it, in the course of his Practice
assume such form. But to guard the language
of the Doctor "Shall see it in the East and in
the West, in the North and in the South, in Cities,
and in Camps, in private and in public practice,
and not a single Instance have been seen."
Real Typhus fever is often associated with
dysentery; the Indication would then be, to quash
the excitement, and if the patient were, have
recourse to Venesection. In this form of the dis-
ease mercury is the only alternative and the
strength of the Patient is to be sustained by
diffusible Stimulants, having a Diaphoretic
tendency, He must persist in the use of the
mercury until Hyalism is produced. The credit
of salvation is originally due to Cline, who
who prescribed Calomel and opium to purge,

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but was ultimately convinced of the superior efficacy of Hyalins. This effect attained, the even asserts an invariable cure. The practice was nearly as successful in the hands of Lind in the West, and was found highly so by Relfour and Macleair in the East Indies —

Suckahoe

We have often occasion to admire the goodness of the Great Author of Nature, in supplying even our high bearing Hills and Sabes, with medicinal agents. In many parts of N. Carolina, there grows a plant, Vulgo Vocatur Suckahoe. "A *Susternanovus fangus*, nearly allied to the genus *Saber*. It is found in irregular, more or less globular, oblong lumps from an ounce to three pounds in weight, a brown, corrugated bark, Its internal substance is uniform, solid, snowwhite, farinaceous, with little or no taste or smell. I have frequently experienced the efficacy

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of this plant in Dysentery. An Infusion of half an ounce in a Pint of New Milk, and boiled down to half a Pint (a Table spoonful of which may be taken every Hour or two) will produce a gentle aperient operation, has a strong tendency to correct the Bloody Stools, mucus termin. and tenesmus, excites uniform and gentle perspiration, and consequently may be expected to give rise, within a reasonable period, to natural alvine evacuations. I should say that this Fungus, is most adapted to the early stage of Dysentery, but under the impression that beneficial results would attend its administration, ⁱⁿ the chronic form of the disease. Doctor Rush, has said, who knows but that at the foot of the alligany, blooms a plant which is an infallible cure for the Consumption. Why go to Europe for the famous Mercurian (Gam asperetida? When our Commons

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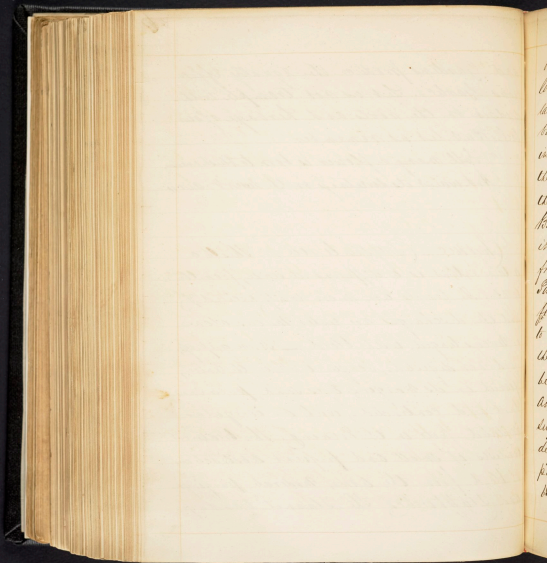
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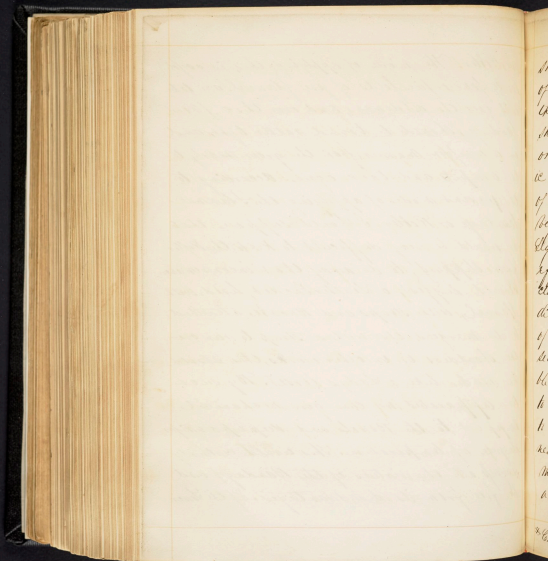
and Gardens produce the equally efficacious Garlic. Let us not trample with disdain on the roots and herbage of our soil. But let us remember

"Full many a flower is born to blush unseen,
And wastes its sweetest self on the desert air"

Chronic Dysentery. This to a certain extent is a different disease from the Acute. The bowels are more easily excited, & the discharges are either Mucus alone or Mucus tinged with blood. Stomach griping, food not digested, Tongue white in the centre, florid on its margins. Eyes sunk, pupils small. Hard and contracted, with an irregular irritated fever in the Evening. The treatment consists of small and frequent abstractions of blood from the arm, Moderate purging and Diaphoretics. The Flannel bandage

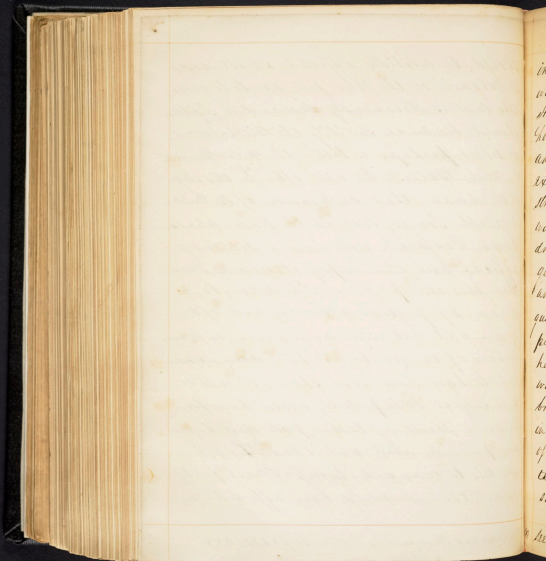


or Roller. The mode of applying this is as follows, four or five folds of fine flannel are to be laid over the abdomen, and over this a flannel Bandage, should be bound rather tight, and in a uniform manner, from the groin nearly to the armpits and back again. According to the present mode of applying the Flannel Bandage or Roller, I should suppose that it would be very difficult to keep the Roller from slipping, to do away, that inconvenience I would suggest, a Leather Pocket, lined with flannel, with Straps and Buckles attached to its margins, also with a Strap to run over the shoulders. or in other words, this should be made like a Lady's Corset. By such an Apparatus, we can give mechanical support to the Bowels, and keep up a uniform degree of temperature. This would certainly possess all the virtues of the Bandage and be free from its disadvantages. If the Lower



should be morbidly affected, small doses
 of Calomel or the Blue pill are to be given;
 this last is strenuously demanded. If there
 should be much debility the Nitric acid
 or what perhaps is better, the Nitro Mural
 or acid Water.* It will often ^{happen} in this stage
 of the disease, that an infusion of the Milder
 Vegetable Tonics, such as, the Radix (Columba)
 Aquum Quassia &c will have a salutary
 effect. With these imperfect remarks, I must
 close this attempt at a dissertation, on a
 disease of frequent recurrence and often
 of dire and extensive malignancy, in various
 sections of our country. To have ~~done~~ ^{been}
 able to have done some share of justice
 to a subject so important, would have been
 to me a source of lasting pride and unfig-
 red pleasure. And while I know "It is not in
 mortals to command success" I must freely
 admit, that it would have afforded me

* Chapman's Therapeutics, Volume 11. pp. 480-483



ineffable pleasure, to have been enabled
 with propriety to say "I have deserved it" —
 A remark more closes this Essay: "In the
 hour of distress and despair, when the hopes
 and expectations, of Families, depend on the
 existence of a Father, a Mother, a Child,
 stretched on the bed of disease, Medicine
 with its salutary aid, like an angel of light,
 dropping healing from its wings, dispels the
 gloom, wipes the tear, from affliction's eye,
 and pours the balm of comfort in the an-
 guished heart" — * But alas, this beautiful
 picture, drawn as it is by a hand, which
 holds a pencil, whose every line is touched
 with the purest tints of genius and the most
 brilliant efforts of fancy, is not always
 in truth of colouring, perfect. The beauty
 of the vision is, unhappily often lost in
 the staid touches of sober reality. Human
 skill will not always avail, proportional.

See Dr Samuel Jackson's Introductory Lecture

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exertions must sometimes prove abortive;
 and we are left to sigh over the imperfection
 of our science, and grieve over the destruction
 of our best and dearest Hopes. The most
 inglorious exertions of our art fail; the har-
 binger of immediate disease, displays his
 pallid banner; the cold dews of death,
 gather on the pale brow, of an affectionate
 Husband, a beloved Wife, or a dutiful Child,
 and where the "Monster" fails to sever the
 dearest ties, his dart is often levelled, at
 some beloved friend and companion, leaving
 us, in intensity of feeling, to exclaim:

"Tis the warrior dies" —

